MEDICATION THERAPY MANAGEMENT (MTM)

OVERVIEW FOR PHARMACY TECHNICIANS
WILLIAM HAVINS, CPHT

OBJECTIVES
- Explain MTM services
- Identify the pharmacy technician’s role in MTM services
- Support pharmacist clinician documentation of MTM services
- Outline billing process for MTM services

MTM SERVICES
MTM is a patient-centric and comprehensive approach employed by pharmacists (or other qualified health professionals) to improve medication use, reduce the risk of adverse events, improve medication adherence, improve patient outcomes, and reduce overall health care costs.

MTM SERVICES HISTORY
- Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA)
  • MTM included in Medicare Part D benefit
  • Defined MTM as a drug therapy management program
    • That may be furnished by a pharmacist
    • Is designed to ensure that covered Part D drugs under prescription drug plan are appropriately used
    • Is designed to optimize therapeutic outcomes through improved medication use & to reduce the risk of adverse events

MTM SERVICES HISTORY, CONT.
- Affordable Care Act (Section 10328), effective 1/1/13
  • Required targeted beneficiaries be offered a comprehensive medication review (CMR)
- The Part D quality improvement requirement of 42 CFR 424.153(d) states a Part D sponsor must establish a MTM program that:
  • Ensures covered Part D drugs are used to optimize therapeutic outcomes through improved medication use,
  • Reduces the risk of adverse events,
  • Is developed in cooperation with licensed and practicing pharmacists and physicians,
  • May be furnished by pharmacists or other qualified providers.

MEDICARE PART D ENROLLEE ELIGIBILITY
- Multiple Chronic Disease
  • At least 2
  • 3 is the maximum minimum requirement Part D sponsor may require for targeted enrollment
- Taking multiple Part D drugs
  • 2 is the minimum number of drugs
  • Sponsor cannot require a minimum above 8 covered drugs
- Likely to incur annual costs for covered drugs exceeding a predetermined level
  • The 2017 MTM program annual cost threshold is $3,919

**MEDICARE PART D ELIGIBILITY**

- Sponsors offer minimum level of MTM services to all targeted beneficiaries
- Interventions
- Annual comprehensive medication review (CMR) with individualized written summary in the CMS standardized format
- Quarterly targeted medication reviews
- Follow-up interventions may be necessary

**MTM PROCESS**

- Comprehensive medication review (CMR)
- Personal medication list (PML)
- Medication-related action plan (MAP)
- Intervention
- Follow-up

- Documentation happens throughout process
  - Distributed to patient and prescribers (and payer)

**COMPREHENSIVE MEDICATION REVIEW**

- Collecting patient-specific information
- Assessing therapies to identify medication-related problems
- Prioritized list
- Resolution plan
- Medication review and consultation
  - Real-time between pharmacist (or qualified health professional) & patient/prescriber/caregiver - (CMR)
  - Improve patient knowledge of prescriptions, OTC medications, herbal & dietary supplements - (PML)
- Identify and address patient problems or concerns - (MAP)
- Empower patient self-management of medications & health conditions - (PML & MAP)

**MTM PROCESS**

- Comprehensive medication review (CMR)
- Personal medication list (PML)
- Medication-related action plan (MAP)
- Intervention
- Follow-up

- Documentation happens throughout process
  - Distributed to patient and prescribers (and payer)

**COMPREHENSIVE MEDICATION REVIEW**

- CMR written summary must be provided to all beneficiaries in CMS standardized format

**PERSONAL MEDICATION LIST**

- Included in CMR written summary

---

**COMPREHENSIVE MEDICATION REVIEW**

**My follow-up plan (add notes about next steps):**
- Leave blank for beneficiary’s notes

**Questions I want to ask (include topics about medications or therapy):**
- Leave blank for beneficiary’s notes

If you have any questions about your action plan, call <insert MTM provider contact information, phone number, days/times, etc.>

**COMPREHENSIVE MEDICATION REVIEW**

**MEDICATION ACTION PLAN FORM**

- Insert name of beneficiary, DOB, member ID, etc.

This action plan will help you get the best results from your medications if you:

1. Read “What we talked about.”
2. Take the steps listed in the “What I need to do” boxes.
3. Fill in “What I did and when I did it.”
4. Fill in “My follow-up plan” and “Questions I want to ask.”

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team. Share this with your family or caregivers too.

**DATE PREPARED:** <insert date>

**What we talked about:**
- Insert description of topic

**What I need to do:**
- Insert recommendations for beneficiary activities

**What I did and when I did it:**
- Leave blank for beneficiary’s notes

---

**COMPREHENSIVE MEDICATION REVIEW**

**PERSONAL MEDICATION LIST**

- Included in CMR written summary

**DATE PREPARED:** <insert date>

**Allergies or side effects:**
- Insert beneficiary’s allergies and adverse drug reactions, including the medications and their effects

**Medication:**
- Insert generic name and brand name, strength, and dosage form for current/active medications

**How I use it:**
- Insert regimen, including strength, dose and frequency (e.g., 1 tablet [20 mg] by mouth daily, dose of related devices and supplemental instructions as appropriate)

**Prescriber:**
- Insert prescriber’s name

**Other titers or delete this field:**
- Use for optional product-related information, such as additional instructions, product images/identifiers, gout of therapy, pharmacy, etc. and change field title accordingly. This field may be expected or deleted. Delete this field if not used.

**Date started using:**
- May be blank estimated by Plan or entered based upon beneficiary-reported date, or leave blank for beneficiary to enter start date

**Date stopped using:**
- Leave blank for beneficiary to enter stop date

**Why I stopped using:**
- Leave blank for beneficiary’s notes
PHARMACIST INTERVENTION
- Medication-related problems identified during CMR are
  - Resolved
  - Minimized
  - Avoided
- Intervention may include
  - Consultation with prescriber
  - Referral to another healthcare professional

FOLLOW-UP
- Determine if MAP goals were met
- Targeted MTM visit
- Phone call

THE PHARMACY TECHNICIAN’S ROLE IN MTM SERVICES
- Help identify patients
- Explain and promote available MTM services
- Administrative support
  - Maintain filing system
  - Schedule appointments
  - Documentation
  - Billing

THE PHARMACY TECHNICIAN’S ROLE IN MTM SERVICES
- Patient visit preparation
  - Print current medication list with disease states and refill history
  - Obtain documentation from patient, such as lab values
  - Measure vital signs and point of care testing
  - Prepare consultation area
- Assist patients in form completion
  - Complete and accurate
- Input gathered patient data into software

THE PHARMACY TECHNICIAN’S ROLE IN MTM SERVICES
- Input pharmacist’s notes into software
- Provide patient’s providers completed MTM documentation
- Quality assurance reviews
- Conduct satisfaction surveys

BILLING FOR MTM SERVICES
- Payment sources for pharmacists
  - Medicare Part D sponsors
  - Third-party MTM vendors (Mirixa, OutcomesMTM, etc.)
  - Hospital-based programs
  - Employer-based health plans
  - Others
BILLING FOR MTM SERVICES
• Medicare Part D
• Pharmacist National Provider Identifier (NPI) number
  • Application link: https://nppes.cms.hhs.gov/NPPES/
• Contracted Medicare Part D sponsors & pharmacy arrangement
• Fee amounts determined in advance
• May use Current Procedural Technology (CPT) codes:
  • CPT 99605: 1st 15 minutes (Face-to-face pharmacist assessment & intervention)
  • CPT 99606: Follow-up visit or established patient, 15 minutes
  • CPT 99607: Additional 15 minute increments (use with one of the above)

BILLING FOR MTM SERVICES
• Third-party MTM vendor
• Subcontracted by health insurance and managed care companies
• May not use CPT codes
• May have online billing systems
• May have online billing systems
• Require pharmacist and technician training to use
• Hospital-based programs
• Readmission reduction programs - MTM services after discharge
• May increase CMS STAR rating
• Employer-based Health Plans
• Billing system set up with employer

REFERENCES

Which of the following statements accurately describes how MTM services and patient counseling differ?
A. MTM focuses on an individual medication while patient counseling focuses on individual patient disease state.
B. MTM focuses on the individual patient's disease state and healthcare while patient counseling focuses on an individual medication.
C. There is no difference between MTM and patient counseling.
D. None of the choices are accurate

A pharmacy technician may perform which of the following MTM activities?
A. Determine the Medication-related action plan (MAP) with the patient.
B. Conduct an intervention with the prescriber.
C. Interpret meaning of vital signs and other point of care tests.
D. Transcribe pharmacist notes into computer software.

Medicare Part D sponsor’s maximum minimum eligibility requirements for MTM services may include incurring annual costs for covered drugs exceeding a predetermined level and which of the following?
A. At least one chronic disease and one covered drug
B. At least two chronic diseases and one covered drugs
C. At least four chronic diseases and eight covered drugs.
D. At least three chronic diseases and eight covered drugs.
Which of the following documentation is required to be provided to the MTM patient annually?

A. The CMR summary document
B. The PML document only
C. The MAP document only
D. Documentation is not required to be given to the patient, it is only given to the prescriber.